
2014 CEHRT FLEXIBILITY RULE UPDATE

In August 2014, CMS released a [final rule](#) that grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

Providers scheduled to demonstrate Stage 2 of meaningful use for an EHR reporting period in 2014 that have not fully implemented 2014 Edition CEHRT can:

- Demonstrate [2013 Stage 1](#) objectives and 2013 CQMs with 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate [2014 Stage 1](#) objectives and 2014 CQMs with 2014 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate Stage 2 objectives and 2014 CQMs with 2014 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT

Efforts are underway to prepare the Alabama State Level Registry to accept attestations from providers who may exercise the flexibility offered by CMS to use either a 2011, combination 2011 and 2014 or 2014 CEHRT to attest to Meaningful Use for Program Year 2014 and who are unable to fully implement a 2014 Edition CEHRT because of issues related to CEHRT availability delays.

Below is a link to a CMS 2014 CEHRT Flexibility Rule Decision Tool to help providers understand the attestation requirement options available related to the CEHRT versions that may be used for 2014. The tool includes information on the Meaningful Use Stage, associated measures and CQMs that relate to the version of CEHRT that is used. The link to the tool is: [CEHRT Rule Decision Tool](#)

NOTE: EPs that wish to attest in 2014 must engage in Meaningful Use of their systems during the 2014 calendar year and use a reporting period that occurs in the 2014 calendar year. Dually eligible EHs must attest to Medicare first by using a reporting period in FFY 2014 (10/1/13 – 9/30/14). The new MU website includes a document with guidance for 2014 MU attestations.

Core Measure - Transitions of Care:

CMS recognizes that in the Stage 2 meaningful use objective for provision of a summary of care document for more than 10 percent of transitions of care, the sending provider may experience significant difficulty meeting, or may not be able to meet the 10 percent

threshold if the intermediary or the recipient of the transition or referral is experiencing delays in the ability to fully implement 2014 Edition CEHRT.

Therefore, the inability to fully implement a 2014 Edition CEHRT by those recipient providers of the summary of care document is extended to the sender/referring EPs, eligible hospitals and CAHs for this measure. This will allow a referring provider in this circumstance to attest to the 2014 *Stage 1* objectives and measures for the EHR reporting period in 2014. However, the referring provider *must* retain documentation clearly demonstrating that they were unable to meet the 10 percent threshold for the measure due to the inability to obtain the required electronic summary of care document for a transition or referral.